

MULTIPLE NEEDS CHILD POLICY

Effective April 1, 2001

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I. INTRODUCTION

A. PURPOSE

This policy provides guidance to DHR staff who participate in the planning and delivery of services for multiple needs children and their families. It identifies the children and families who may be served, the procedures for accepting and acting on referrals to the local teams and the responsibilities of the member agencies of the local teams.

B. LEGAL MANDATES

This policy is based on the R.C. Consent Decree and related policies and the following sections of the Code of Alabama, 1975.

§12-15-1 (19)

"Multiple Needs Child. A child coming to the attention of the court or one of the entities listed herein who is at imminent risk of out-of-home placement or a placement in a more restrictive environment, as a result of the conditions of emotional disturbance, behavior disorder, mental retardation, mental illness, dependency, chemical dependency, educational deficit, lack of supervision, delinquency, or physical illness or disability, or any combination thereof, and whose needs require the services of two or more of the following entities: Department of Youth Services, public school system (services for exceptional needs), Department of Human Resources, Department of Public Health, juvenile court probation services or Department of Mental Health and Mental Retardation."

§12-15-65 (b)

"After the filing of a petition when the petition alleges or evidence reveals to the court that a child may be a multiple needs child, and that previous plans developed by an agency, or agencies, have not met the needs of the child, the court, on its own motion or motion of a party or party's parent or guardian or upon motion of the Department of Youth Services, a school system, the Department of Human Resources, the Department of Public Health, the Department of Mental Health and Mental Retardation, or juvenile court probation services, may refer the child to the county children's services facilitation team for evaluation and review. This evaluation may occur prior to any hearing, or the court may suspend proceedings during the hearing or prior to disposition to review the findings and recommendations of the county children's services facilitation team."

§12-15-71 (h) (1)

"Regardless of the nature of the petition or allegation, when evidence is presented to the court that a child is at imminent risk of an out-of-home placement or a placement in a more restrictive environment as a result of the conditions of emotional disturbance, behavior disorder, mental retardation, mental illness, dependency, chemical dependency, education deficits, lack of supervision, delinquency, physical illness or disability, or any combination thereof, and if such conditions require the services of two or more agencies pursuant to Section 12-15-1(19), the juvenile court shall refer the child to the county children's services facilitation team for assessment and recommendations unless a current facilitation team plan is available to the court. Within 21 days of receipt of the referral, the county children's services facilitation team shall present to the court a preliminary plan of services addressing the needs of the child and the respective responsibilities of agencies composing this team. Upon receipt of these preliminary recommendations, the juvenile court may adjudge the child as a 'multiple needs child' and in accordance with the county children's services facilitation team plan, unless the court finds it not in the best interest of the child, order the use of any disposition alternative or service available for dependent or delinquent children or children-in-need-of-supervision, children who are emotionally disturbed, mentally retarded, or mentally ill, or children who need specialized educational services, or children who need health services, or any combination thereof. The county children's services facilitation team shall be responsible for developing a final service plan which shall be filed with the court. The member agencies shall be responsible for the implementation of any ordered service plan. The court may, on its own motion, or on motion of a party, a party's parent or guardian, or a member of the county or state children's services facilitation team, set additional hearings."

§12-15-172

"An organizational meeting of the county team shall be called by the county director of the county Department of Human Resources within three months after May 27, 1993. Other meetings may be held as needed. The county team shall meet within seven days of a case being referred by a court or from notice of a member that there is a need for the team to develop a service plan."

C. GLOSSARY

Various terms used in this policy are described below:

Case Review Committee - A subcommittee of the State Facilitation Team. The purpose of the Case Review Committee is to review individual cases referred by Local Facilitation Teams to develop plans and assist with funding.

Child - An individual under the age of 18, or an individual under 19 years of age who comes before the juvenile court for a matter arising before that individual's 18th birthday.

Local Facilitation Team - A county team composed of representatives of the member agencies. The purpose is to assess 1) referrals of children for acceptance by the team and 2) to develop individualized service plans to meet the needs of each child accepted by the team. When planning for R.C. class members, local teams shall include additional individuals(e.g., parents, foster parents and service providers) to ensure that case planning is in accord with the R.C. Consent Decree and DHR's *Individualized Service Plans* and *Partnership with Children, their Families and Providers* policies.

Member Agencies - Those agencies listed in the Code of Alabama, 1975, §12-15-1(19), whose representatives compose the multiple needs child state and local facilitation teams. The agencies are the Department of Youth Services, the public school system, Department of Human Resources, Department of Public Health, juvenile court probation services and the Department of Mental Health and Mental Retardation.

State Facilitation Team - A state team composed of representatives of the member agencies whose purpose is to develop and implement state interagency plans for multiple needs children and to develop guidelines, procedures and resources for services to meet the needs of multiple needs children.

D. CHILDREN COVERED BY POLICY

The children covered by this policy are those who meet the criteria of a multiple needs child described in Section II.A.2. of this policy. Nothing in this policy shall be construed to relieve DHR of any obligations to class members under the R.C. Consent Decree, including but not limited to the following: 1) to inform class members, parents, and foster parents of the availability of advocacy and other supportive services to assist them; 2) to respect and support the right of parents, foster parents, and children to be involved in developing individualized plans, including multi-needs plans; and 3) to develop and implement appropriate individualized services plans for children and their families. Such obligations apply equally whether plans for class members are developed by DHR or by a local or state facilitation team.

A child need not be adjudicated multiple needs to be covered by this policy. Nothing in Code of Alabama, 1975 §12-15-1(19) requires that the child be placed in the custody of a state agency or department as an adjudicated multiple needs child in order to receive services.

E. COURT ORDERS

Court orders must be followed until they are modified or lifted.

Examples may include when courts:

- 1) Adjudicate children as multiple needs prior to the development of plans by the local facilitation team or

- 2) Order out-of-home placements or courses of treatment that have been formulated outside the local facilitation team.

If the local facilitation team finds, upon receipt of a referral and assessment of the child's needs, that a child should not be classified as a multiple needs child or that the child's needs can appropriately be met in a manner or placement less restrictive than is ordered, the local facilitation team shall seek to have the court order lifted or modified. Similarly, if DHR concludes that a court order violates the R.C. Consent Decree or related policies, DHR must seek to have the order lifted or modified.

If the court refuses to modify or lift an order regarding an R.C. class member as requested, the county DHR will inform the Family Services Partnership Director. If the Partnership concurs that the court order is inconsistent with R.C. goals and principles, the Commissioner or his designee will take appropriate action.

II. GUIDELINES AND PROCEDURES

A. CRITERIA FOR ACCEPTING REFERRALS BY LOCAL FACILITATION TEAMS

1. Referral Source

A referral of a child to a local facilitation team may be initiated by the court or a member agency. The state and local facilitation teams are not intended to replace the normal collaboration that occurs between and among agencies on behalf of children and families. The facilitation team serves as a resource to the court in developing plans to serve children and families whose needs cannot be met by a single agency. Additionally, the teams have a preventive role in providing a forum to which member agencies may refer children and families whose needs require the services of multiple agencies but which may not require court intervention.

2. Criteria for Establishing Multiple Needs Child Status

To be considered a multiple needs child, the child must require the services of two or more of the member agencies to meet the child's needs and address the imminent risk of placement **and** meet one of the two following criteria:

- The child must be at imminent risk of placement in out-of-home care (see Section II. B.);
- or**
- The child must be at imminent risk of placement in a setting more restrictive than the child's current out-of-home placement (see Section II. C.);

AND

The imminent risk of placement must be the result of the conditions of emotional disturbance, behavior disorder, mental retardation, mental illness, dependency, chemical dependency, educational deficit, lack of supervision, delinquency, or physical illness or disability, or any combination of these conditions.

3. Referral Process

When a county DHR office makes a referral to the local facilitation team, it is the department's responsibility to obtain and provide the information needed by the local team to consider the referral. In the case of a referral of an R. C. class member, DHR shall provide the class member's ISP to the local team. (For class member clarification, contact the Legal Office.) DHR is encouraged, but not required, to provide the following information to the team for R.C. class members and for non-class members:

- A case summary, including a social and family history;
- Information specific to the child's and family's strengths and needs, including a history of efforts to meet those needs;
- A recent psychological assessment of the child, if appropriate;
- Applicable medical and school records;
- Recent progress reports for children in out-of-home placement;

- Applicable information describing the needs of the child's parents or other caretaker(s) that place the child at risk of placement or at risk of a more restrictive placement;
- Documentation of prior collaboration efforts; and
- Documentation of barriers the referring agency has in meeting the child's and family's needs.

When referrals are received without the necessary information, the local team member designated to receive referrals may request the additional information needed before the team convenes to consider the request. The information may be requested from the referring agency or the agency with primary responsibility for custody or planning for the child.

B. IMMINENT RISK OF OUT OF HOME PLACEMENT

Imminent risk of placement is a set of conditions in a child's environment which, if not altered by the provision of services, is likely to result in placement of the child in out-of-home care within 90 days by a member agency. The environmental conditions that may contribute to imminent risk are abuse, neglect, emotional disturbance, mental retardation, delinquent behavior, assaultive/aggressive behavior, substance abuse, physical illness, or other conditions. Imminent risk conditions may occur during a crisis for the child and/or family or the conditions may be ongoing.

In assessing the imminent risk of placement for a child referred to the local facilitation team, the team shall consider all less restrictive alternatives to placement of the child in out-of-home care, including whether the referral source has considered or provided home and community-based services prior to referral in order to appropriately address the risk of placement. If the referral is received with a request or recommendation for a specific placement, the local facilitation team shall assess the appropriateness of the suggested placement. Depending upon the individual needs of the child and the ability of the child's caregiver to control the risk of harm to the child, the team's service plan shall recommend one of the following: 1) the least restrictive, most appropriate alternative to out-of-home placement or 2) the least restrictive most appropriate out-of-home placement.

C. IMMINENT RISK OF A MORE RESTRICTIVE PLACEMENT

The child's own home shall be considered the least restrictive placement. Following are other placements listed in ascending order in terms of restrictiveness: independent living; a foster home; a therapeutic foster home; a group foster home; a group home; a child care institution; an institution.

Local facilitation teams may receive referrals of children who are already in an out-of-home placement that is at risk of disrupting. In those situations, imminent risk of disruption refers to a set of conditions in a child's current out-of-home placement environment which is likely to result in a decision to place the child in a more restrictive out-of-home placement within 90 days. Imminent risk of disruption may be caused by extremes of abuse, neglect, emotional disturbance, mental retardation, delinquent behavior, assaultive/aggressive behavior, substance abuse, physical illness, or other conditions.

Placement in a more restrictive facility may involve a living arrangement in a location with different caregivers from the current placement. It may also include the risk of children remaining in a more restrictive out-of-home placement than their individual needs require if the lack of services prevents discharge from the current placement to an appropriate less restrictive placement.

In assessing the imminent risk of placement in a more restrictive facility, the local facilitation team shall assess the availability of existing services and develop services they need to sustain a child in a less restrictive environment. If the referral is received with a request or recommendation for a specific placement, the local facilitation team shall assess the appropriateness of the suggested placement. The team shall recommend, in their treatment plan for the child, the least restrictive alternative to out-of-home placement or the least restrictive out-of-home placement, depending upon the individual needs of the child and the ability of the child's caregiver to control the risk of harm to the child.

D. RESPONSIBILITIES OF LOCAL/STATE TEAMS AND MEMBER AGENCIES INCLUDING DHR

According to state law and Multi-Needs Team procedures, responsibilities of the local/state teams include the following:

1. Member agencies are required to develop a plan for serving multiple needs children which includes at a minimum:
 - arranging for representation on state and local facilitation teams
 - developing service plans for children referred
 - providing services within the scope of the member agencies' responsibilities and
 - sharing costs for services provided to referred children and families, in accordance with this policy.

When an R.C. class member is referred by a member agency or court to a local or state team, DHR shall:

- assist the class member, if an age appropriate child, and his/her family to participate in the team meeting by providing advocacy and other support services to the child and family, and
 - assure that the team planning process complies with the strengths/needs individualized services planning model required in the R.C. Consent Decree and DHR's *Individualized Service Plan* and *DHR Partnership with Children, Their Families and Providers* policies.
1. A local facilitation team should meet within seven (7) days of receiving a referral. If the team cannot convene within seven (7) days of receiving a referral from the court, the team may ask the court for an extension of the seven-day period.
 2. A local facilitation team should develop a preliminary service plan for children referred and their families within 21 days of receiving the referral. The plan should include information identifying the individualized strengths and needs of the child and his or her family, the services needed by the child and family and the respective responsibilities of the member agencies and others for providing services to the child and family. For referrals made by the court, the team shall submit the preliminary plan to the court within the 21 day period, unless a continuance is granted. For referrals made by a member agency, the preliminary plan should be submitted to the referring agency within the 21-day period.
 3. A local facilitation team is responsible for developing a final service plan for children referred when the preliminary plan is not complete (such as when the team determines a more comprehensive plan is needed). For children referred to the team by the court, the final plan must be submitted to the court. For referrals made by a member agency, the final plan must be submitted to the referring agency.
 4. Local and state facilitation teams shall determine the least restrictive plans to address the individualized needs of children referred to the team. Home and community-based services that can manage the risk of harm to a child must be considered prior to considering more restrictive plans and placements.
 5. A local facilitation team may determine a plan for sharing the costs of the service plan developed by the team among the member agencies. Member agencies are not bound to contribute financially to the service

plan if they are not providing services as part of the plan. However, member agencies may be bound financially by a service plan that requires the services of the agency, even if the agency did not participate in team meetings where the plan was developed.

Member agencies are not required to share costs for services to children and families whose needs would not otherwise necessitate involvement of the member agency, except for the referral to the local facilitation team, e.g., children with mental retardation whose behavior requires services unrelated to abuse or neglect.

7. Member agencies should provide appropriate services to meet the individualized needs of multiple needs children. DHR shall provide services pursuant to an ISP.

The lack of a needed service locally which is normally provided by a member agency as part of its service array and budget does not relieve DHR of its obligation to serve R.C. class members as required by the R.C. Consent Decree.

Member agencies are encouraged to use existing funding and services flexibly and creatively in meeting the individualized needs of children referred and their families, even if it means delivering services not normally provided by the agency or in a manner not normally used by the agency. No provisions in policy or statute shall prevent a member agency from voluntarily contributing to the development of appropriate services in order to meet the needs of children referred and their families.

E. REFERRALS TO STATE FACILITATION TEAM

When services of a member agency are needed but not available locally, the local facilitation team shall contact the member agency's representative on the Case Review Committee of the State Facilitation Team to obtain needed services. If that step does not provide access to the needed services, the local team shall formally refer the issue to the Case Review Committee of the State Facilitation Team with a request for assistance in accessing needed services in the least restrictive most appropriate manner.

When there is an unresolved disagreement among member agencies of the local facilitation team which is pending beyond eight weeks, the case should be referred by the chairperson of the local team to the chairperson of the state children's facilitation team. In the event the local team requests assistance of the state team because of an inability to

agree on a service plan, the service plan developed by the state team is binding on the local team, as well as the departments represented.

III. RELATIONSHIPS OF STATE AND LOCAL FACILITATION TEAMS TO OTHER TEAMS

The state and local facilitation teams for multiple needs children exist as separate entities from other child and family serving teams, such as multi-disciplinary teams for child abuse and neglect, child and family planning teams for class members under the R.C. Consent Decree and juvenile justice coordinating councils. These various teams have separate statutory or administrative authorities and jurisdictions. Although some agency representatives may serve on multiple teams, the functions and responsibilities of the state and local facilitation teams shall remain distinct from the functions and responsibilities of other teams.

Where there is overlap in responsibility for assessing or planning for children referred to a local facilitation team, the local facilitation team should meet jointly with members of the other teams in accordance with the policies and regulations governing the involved teams, including regulations, statutes and policies governing the exchange of identifying information about children and families served by the teams or agencies involved.

IV. DHR PROCEDURES

A. CUSTODY

As mentioned above, it is not necessary for DHR to hold custody of a child in order to share in funding for placement. The child may be in the custody of any of the mandated agencies or remain in the parents' custody, if they are in agreement with the placement. If a child is not in DHR custody but requires the services of this department, the case must be opened for on going child welfare services and an ISP developed pursuant to ISP policy.

If no agency holds custody of the child, it is necessary that one of the agencies be identified as the lead agency to serve as the contact point for the provider for case management purposes and to maintain contact with the child. It is important that the child's progress be monitored regularly and that plans be made to step him down to a less restrictive setting as soon as appropriate. The local team will need to meet periodically for updates on the child's progress and to determine if the placement should continue.

B. PAYMENT

DHR is to follow existing policies for ISP's and flex funds to authorize payment for services. DHR's portion of all shared funding services will be paid through flex funds. Bills for approved services should be sent by the provider directly to the Coordinator of the Office of the Multi-Needs Child for processing.

C. TRACKING

All children for whom DHR is sharing in funding for placement should be registered on FACTS. If the child is not in DHR custody, the child should be registered on FACTS with the custody status of "Custody of Another Agency". It is important that we track these children and that we are aware of how many children are in any given facility.